

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 18 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Johnson
Township Warrensburg
City Warrensburg

Registration District No. 431
Primary Registration District No. 3023

File No. 37998Registered No. 107

2. FULL NAME

(a) Residence, No. _____
(Usual place of abode)

St. _____ Ward. _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Mr Joseph Steele

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 2 - 1871

7. AGE YEARS 66 MONTHS 0 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Holden
(STATE OR COUNTRY) Missouri

13. NAME George W. Daskam

14. BIRTHPLACE (CITY OR TOWN) New York
(STATE OR COUNTRY)

15. MAIDEN NAME Bettie Ann Ash

16. BIRTHPLACE (CITY OR TOWN) Wellington
(STATE OR COUNTRY) Mass

17. INFORMANT Mrs G. B. Denty
(ADDRESS) Holden Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Holden DATE Oct 14

19. UNDERTAKER W. L. Gooden
(ADDRESS) Holden Mo

20. FILED Oct 13, 1937 Eva Denty
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 12, 193722. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1937, to Oct 12, 1937

I last saw him alive on Oct 10, 1937. Death is said to have occurred on the date stated above, at 4:50 P. M.

The principal cause of death and related causes of importance were as follows:

Cerebral Embolage Date of onset Oct 1

Other contributory causes of importance: Arteriosclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis lumbar Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) W. L. Gooden, M. D.(Address) Warrensburg Mo

